



Department of Purchasing and Contracting NON-COMPETITIVE PROCUREMENT REQUEST FORM

Requesting Department: Facilities Management
Department Contact Person: Kevin Buford Telephone: 470-372-8775
Email: klbuford@dekalbcountyga.gov

Requisition Number: _____ Suggested Supplier: Universal Global Parking LLC
Estimated Amount of Purchase: _____
Detailed Description of the Goods or Services to be purchased: Parking Management Services for Trinity Parking Deck and Camp Road Lots

Emergency (For Emergency Requests, Please check this box and answer all questions below.)

1. Date and Time of Emergency Occurrence: December 2023

2. Please state the nature of the emergency posing a risk to public health, welfare, safety or resources:

Provide six-months temporary management services for the Trinity Parking Deck along with the Camp Road parking lots. We received notice from Reef/Lanier, the previous parking management company that they will no longer provide management services after December 31, 2023.

3. State how the Estimated Amount was determined to be Fair and Reasonable (attach supporting documentation):

See attachments

Sole Source (Please check box and answer all of the following completely.)

1. Provide an explanation why the product, service or supplier requested is the only method that can satisfy the requirements. Please explain why alternatives are unacceptable. Be specific with regard to specification, features, characteristics, requirements, capabilities and compatibility. (Attach additional documents, if necessary):

2. Will this purchase obligate us to a particular vendor for future purchases? (Either in terms of maintenance that only this vendor will be able to perform and/or if we purchase this item, will we need more "like" items in the future to match this one?) Explain in detail.

3. Explain the impact to the County or Public if this request is not approved.

I hereby request that this non-competitive procurement request be approved for the purchase of the above stated work, material, equipment, commodity, or service.

Department Director (Typed/Printed Name): Clyde Stovall Signature: Clyde Stovall Date: 1/30/24

Do Not Write Below – for the Department of Purchasing and Contracting Use Only

Procurement Agent (Typed/Printed Name) Jennifer Schofield Signature: Jennifer Schofield Date: 5.6.2024

Procurement Manager (Typed/Printed Name) Delois Robinson Signature: _____ Date: _____

Approved Not Approved

Signature: _____, Director, Department of Purchasing and Contracting Date: _____